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7590

10/02/2007

Mark G. Bocchetti Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Maria Langschuldeer	(Depositor's name)
min Langelusea)	(Signature)
november 20,2007	(Date)

(A) NAME OF ASSIGNEE  CARESTREAM HEALTH, INC.: (CITY and STATE OR COUNTRY)  150 Verona Street  Rochester. New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:    A check is enclosed.   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number   (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1440 \$3300 \$0 \$1740 01/02/2008  EXAMINER ART UNIT CLASS-SUBCLASS  PATEL, JAYESH A 2624 382-128000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.593) attached. Use of a Customer PTO/SB1/22) attached. Use of a Customer PTO/SB1/220 attached. Use of a C	10/679,712	10/06/2003		Shoupu Chen 86575SHS		2888			
nonprovisional NO \$1440 \$3300 \$0 \$1740 01/02/2008  EXAMINER ART UNIT CLASS-SUBCLASS  PATEL, JAYESH A 2624 382-128000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.543).  Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  CAKESTREAM HEALTH, REPONCE: (CITY and STATE OR COUNTRY)  150 Vertona Street  Rochester, New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  Change in Entity Status (from status indicated above)  Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)  Authorized Signature  Authorized Signature  Date  10-10-2008  10-10-2008  10-10-2008  10-10-2008  10-10-2008  10-10-2009	TITLE OF INVENTION	TITLE OF INVENTION: METHOD AND SYSTEM FOR MULTIPLE PASSES DIAGNOSTIC ALIGNMENT FOR IN VIVO IMAGES							
nonprovisional NO \$1440 \$3300 \$0 \$1740 01/02/2008  EXAMINER ART UNIT CLASS-SUBCLASS  PATEL, JAYESH A 2624 382-128000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.543).  Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  CAKESTREAM HEALTH, REPONCE: (CITY and STATE OR COUNTRY)  150 Vertona Street  Rochester, New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  Change in Entity Status (from status indicated above)  Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)  Authorized Signature  Authorized Signature  Date  10-10-2008  10-10-2008  10-10-2008  10-10-2008  10-10-2008  10-10-2009									
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EXAMINER  ART UNIT  CLASS-SUBCLASS  PATEL, JAYESH A  2624  382-128000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address of Change of Correspondence Address for PTO/SB/122) attached.  "The Address from PTO/SB/122 (The Name of a single firm (having as a member a registered attorneys or agents. If no name is 3 attached from page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is 2 a single firm (having as a member a registered attorneys or agents. If no name is 3 attached provided patent attorneys or agents. If no name is 3 attached.  (A) NAME OF ASSIGNEE  **CAKESTREAM HEALTH FINE PRICE**: (CITY and STATE OR COUNTRY)  150 Verona Street  **Rochester**. New York 14608*  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Pay	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE		
PATEL, JAYESH A  2624  382-128000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  M "Fee Address" Indication for "Foe Address" Indication form FO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  CARESTREAM HEAL THE FINEL STATE OR COUNTRY)  150 Vectors Street  Rochester, New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  State Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)  A Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)  A Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Authorized Signature  Authorized Signature  Authorized Signature  Date  Date  119-19-30-7	nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/02/2008		
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"Fee Address" indication (or "Fee Address" Indication form   Pro/SBA47; Rev 03-02 or more recent) attached. Use of a Customer   Status   Provided (Complete)   Publication   Publication   Provided (Complete)   Publication   Publication   Pee (No small entity discount permitted)   Publication   Pee (No small entity discount permitted)   Publication   Pee (No small entity discount permitted)   Publicant claims SMALL ENTITY status. See 37 CFR 1.27.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  CARESTREAM HEALTH, RESPENCE: (CITY and STATE OR COUNTRY)  150 Verona Street  Rochester, New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  A the following fee(s) are submitted:  A check is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date 11 - 19 - 300 7	Address form PTO/SB/122) attached.								
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(A) NAME OF ASSIGNEE  CARLESTREAM HEALTH, RESPENCE: (CITY and STATE OR COUNTRY)  150 Verona Street Rochester, New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date 11-19-2007	* ** **								
Rochester. New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:    4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)   A applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.    Date 11-19-3007	recordation as set for								
Rochester. New York 14608  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:    4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)   A applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.    Date 11-19-3007	(A) NAME OF ASSIGNEE  CARESTREAM HEALTH RESIDENCE: (CITY and STATE OR COUNTRY)								
Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date  1 - 19 - 300 7			150 Verona Stre	et					
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Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date  1 - 19 - 300 7	Please check the appropr	rate assignee category or	categories (will not be pr	rinted on the patent):	Individual A Cor	poration or other private gr	oup entity  Government		
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number  (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date  1 - 19 - 300 7		are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee	shown above)		
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PATENT NUMBER		PATENT DATE						
(if known)	SERIAL NUMBER 10/679,712	(if known)	U.S. FILING DATE 10/6/2003					
PLEASE VOID ALL PREVIOUS FEE ADDRESSES. THANK YOU.								
Typed name of person signing Susan L. Parulski								
Signed								
(check one) Owner of record								
	X Owner's attorne	y or agent of record	39,324 (Reg. No.)					